

**CALIFORNIA COMMISSION ON TEACHER CREDENTIALING**

1900 Capitol Avenue

Sacramento, California 95811-4213

**PROFESSIONAL SERVICES DIVISION****Board of Institutional Reviewers Information Form**

Name \_\_\_\_\_

Work Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Work Telephone \_\_\_\_\_ Work Fax \_\_\_\_\_

Work E-mail \_\_\_\_\_

Employer/Supervisor Name \_\_\_\_\_

Employer/Supervisor Address (If different from above) \_\_\_\_\_

\_\_\_\_\_

**Home Information (optional)**

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

**The majority of communication about BIR activities comes through email. Please indicate which email, if you provide two addresses, you prefer is used for BIR information:**

Home \_\_\_\_ Work \_\_\_\_ Both \_\_\_\_

**Please indicate the address where you prefer BIR materials to be sent: (when sent through US mail)**

Home \_\_\_\_ Work \_\_\_\_

**Training Preference:**☐ January 17-18, 2012 in Sacramento, CA☐ A training to be scheduled later